

<b>Case Number:</b>	CM13-0021527		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	12/06/2011
<b>Decision Date:</b>	01/14/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

23 year old claimant with date of injury 12/6/11. Patient with history of chronic right shoulder pain with diagnosis of impingement syndrome. History of myofascial strain and upper extremity radicular pain. Request for extracorporeal shockwave therapy to right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**1 retrospective review of extracorporeal shockwave therapy to the right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Extracorporeal Shockwave Therapy (ESWT)..

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Extracorporeal Shockwave Therapy (ESWT)..

**Decision rationale:** The MTUS guidelines does not address extracorporeal shock wave therapy. According to the Official Disability Guidelines, "Recommended for calcifying tendinitis but not for other shoulder disorders. Calcifying tendonitis: For patients with calcifying tendinitis of the shoulder with inhomogenous deposits, quality evidence has found extracorporeal shock wave therapy (ESWT) equivalent to or better than surgery, and it may be given priority because of its

noninvasiveness. (Rompe, 2001) (Haake, 2002) (Haake, 2001) (Pan, 2003) (Wang, 2003) (Cosentino, 2003) (Lowe, 1999) (Pieiner, 2004) (Moretti, 2005) In treating calcifying tendonitis, both high-energy and low-energy ESWT provide a beneficial effect on shoulder function, as well as on self-rated pain and diminished size of calcifications, but high-energy ESWT appears to be superior to low-energy ESWT. (Gerdesmeyer-JAMA, 2003) (Perlick, 2003) While the findings indicate there may be a treatment effect from ESWT for tendonitis of the shoulder, the protocols need to be confirmed in high-quality randomized clinical trials. (BlueGrass BlueShield, 2004) (Trebinjac, 2005) Three-dimensional, computer-assisted navigation reveals significantly better results and is therefore recommended when extracorporeal shock wave therapy is used in the treatment of calcific tendonitis of the rotator cuff. (Sabeti-Aschraf, 2005) Extracorporeal shock wave therapy (ESWT) has been suggested to be an effective treatment option for treating calcific tendonitis of the shoulder before surgery, but after conservative treatments, including physical therapy, iontophoresis, deep friction, local or systemic application of noninflammatory drugs, needle irrigation, aspiration of calcium deposit, and subacromial bursal steroid injection. (Mouzopoulos, 2007) Other shoulder disorders: There is no evidence of benefit in non-calcific tendonitis of the rotator cuff, or other shoulder disorders, including frozen shoulder or breaking up adhesions. (Speed, 2002) (Blue Cross Blue Shield, 2003) For nonspecific chronic shoulder pain, supervised exercises are more effective than shockwave treatment, according to this RCT. The investigators found a treatment effect favoring supervised exercises at 6, 12, and 18 weeks, and compared with the shockwave-treatment group, the group treated with supervised exercises had a significantly higher proportion of patients who improved in terms of shoulder pain and disability scores (64% vs 36%; odds ratio 3.2). Additional treatment between 12 and 18 weeks was needed in more patients in the shockwave-treatment group than in the exercise group, and fewer patients returned to work. (Engebretsen, 2009)." In this particular case there is no evidence of calcific tendonitis to warrant extracorporeal shock wave therapy. As there is no medical necessity, the determination is non-certification.